

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - OFFICE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2011
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NAME OF PROVIDER OR SUPPLIER  LEBANON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
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(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
< 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the hazardous areas.</p> <p>The findings included:</p> <p>Observation of the kitchen area on 11/15/11 at 10:12 AM, revealed the kitchen doors did not close within the frame.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 11/15/11.</p>	K 029	<p>K029 NFPA 101 Fire Safety Standard</p> <p>The facility will maintain the hazardous areas.</p> <ol style="list-style-type: none"> <li>1.) The kitchen door was adjusted to close within the frame.</li> <li>2.) Other areas of the facility were inspected to ensure compliance with the Fire Safety Standards required.</li> <li>3.) The Maintenance Supervisor will conduct random inspections to ensure compliance with building and fire safety regulations.</li> <li>4.) All finding will be reported to QA and A monthly meetings. Subsequent plan of correction will be implemented and developed as needed.</li> </ol>	2-09-11
< 050 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are</p>	K 050		

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
<i>Maria N. Melchior</i>	Administrator	12-02-11

Efficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

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K 050	Continued From page 1 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed the fire drill.  The findings included:  Observation during the fire drill on 11/15/11 at 10:33 AM, revealed the staff did not announce the location of the fire.  This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 11/15/11.	K 050	K050 NFPA 101 Fire Safety Code Standards  1.) The staff member was educated on announcing the location of the fire. 2.) All staff was educated by 12/09/2011 on making sure they announce the specific location of the fire. 3.) The Maintenance Supervisor will conduct random inspections to ensure compliance with the fire drills. 4.) All findings will be reported to QA and A monthly meeting. Subsequent plan of correction will be implemented and developed as needed.	12-09-11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.  The findings included:  Observation of the dining room on 11/15/11 at 10:15 AM, revealed an extension cord was being used.  This findings was acknowledged by the administrator and verified by the director of	K 147	K147 NFPA 101 Life Safety Code Standards  1.) The extension cord was removed from the dining room. 2.) Other areas of the facility were inspected to ensure compliance with the Fire Safety Standards required. 3.) All staff were in serviced by 12/09/2011, that extension cords are not to be used in the facility. 4.) All findings will be reported to QA and A monthly meeting. Subsequent plan of correction will be implemented and developed as needed.	12-09-11

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147	Continued From page 2 maintenance at the exit conference on 11/15/11.	K 147		